

**FREQUENTLY ASKED QUESTIONS
REGARDING
IMMUNIZATION REQUIREMENTS FOR THE 2009-2010 SCHOOL YEAR**

UPDATED 3-25-09

Tdap Requirement

Q: What are the birthdates of those students who will need Tdap for the 2009-2010 school year?

A: Students with birthdates from 09/01/1997 to 08/31/1998 will be 11 years old prior to September 1, 2009.

UPDATED 3-25-09

Q: A child is 11 years old and mom states he had a reaction to pertussis so Td is indicated. How do we need to document that this child is receiving Td due to a reaction?

A: If the pertussis component of the vaccine is contraindicated, the provider should complete the KCI Medical Exemption Form B. http://www.kdheks.gov/immunize/imm_manual_pdf/KCI_formB.pdf. If a pertussis outbreak occurs in the school, the student would be excluded as described in KAR 28-1-6.

http://www.kdheks.gov/epi/download/28_1_6.pdf **UPDATED 3-25-09**

Q: Do high school age students who are older than 9th grade, (10th, 11th or 12th) need to receive Tdap in the 2009-2010 school year even if they have received the TD shot in 8th or 9th grade.

A: Students in grades 10-12 during the 2009-2010 school year are required to have a Tdap booster if it has been 10 years since their previous tetanus/diphtheria vaccination. **UPDATED 3-25-09**

Q: I have JH/HS students who have already received their 10 TD booster and they did not receive a Tdap. If it has been longer than 2 years, do they need to get a Tdap?

A: No. Students 12 years and older who had a Td booster will not be required to have a Tdap booster.

Updated 3-25-09

Q: If a child turns 11 after September 1st will he need the vaccine as soon as he turns 11?

A: Students turning 11 after September 1, 2009 will need a Tdap prior to the start of the 2010-2011 school year. **Updated 3-25-09**

Q: What is the rationale that 11 year olds suddenly are being required to receive Tdap vaccine? Physicians are accustomed to the age 15 requirement and can provide the next Td in the Emergency Room if they are seeing a young adult with a wound.

A: The requirement for the Tdap at 11 years of age is based on the 2009 ACIP recommendations for adolescent immunizations. http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2009/09_7-18yrs_schedule_bw.pdf. Adolescents who are 13-18 years of age would receive the vaccine as a catch-up dose per the above ACIP guidelines. Also, the need for making the requirement for 11 year olds for next year is based on disease incidence. The 2007 Summary of Reportable Infectious Diseases states that for pertussis, "Cases ranged in age from less than one year to 84 years; the median age was 8 years. The majority of confirmed cases (n=27, 69%) were among individuals less than 15 years of age." Pertussis protection needs to be assured at the earliest possible age for adolescents. Routine immunization of 15 year olds is not catching the age groups most often affected by the disease. **UPDATED 3-25-09**

Q: When does the 11 year old requirement apply? Since Tdap vaccines are licensed for children who are 10 years or 11 years and older depending on the brand, getting these children immunized is a challenge.

A: The requirement states "Booster dose of Tdap is required at 11 years of age if more than 2 yrs since previous dose." To help assist schools in complying with the requirement, the guidance is that students who will be 12 years of age on September 1, 2009 will be required to have documentation of Tdap

vaccination if it has been more than 2 years since the previous dose of Td/DTaP/DT. Students older than 12 years of age needing a booster because it has been 10 years since the previous dose of Td/DTaP/DT also require Tdap. **Updated 2-16-09**

Q: For our students that will be 11 years old next school year, a Tdap will be required as a booster according to the new vaccine requirements. Since most of these students will not have had a booster for Tdap, will it be required of most of our 11 year olds?

A: Yes that is correct. A booster dose of Tdap is required at 11 years of age if more than 2 years since the previous dose of DTaP/DT/Td. The back of the KCI has been updated to include this clarification.

Q: Since Tdap is now required for the 11 year olds, do we still refer those older students who would need a ten year Tdap?

A: Yes. In addition to all 11-year-old students, a Tdap booster is required for students older than 11 years of age who completed of the DTaP/DT/Td primary series ten or more years earlier. Tdap should be used for all students for whom the pertussis component is not contraindicated. If pertussis is contraindicated, the KCI Form B Medical Exemption should be completed by a physician and attached to the KCI.

Q: If an older immigrant child received the 3 dose series of Td with a dose of Tdap at age 10, is a Tdap booster needed at age 11?

A: No. One dose of Tdap is required. This child would be considered complete for Td until the Td booster is needed in 10 years.

Q: Why isn't the new Tdap booster requirement defined by grade rather than age? For schools, enforcing an age specific requirement is much more difficult than looking at a grade level.

A: The age specific requirement is based on ACIP recommendations that are defined by age and not school grade levels. This is consistent with prior school entry requirement history when the second dose MMR requirement was applied to all 12 year olds. Immunization providers base the administration of vaccine on age rather than grade. The Immunization Program regrets the burden this places on schools enforcing the requirement and appreciates the extra effort involved.

Varicella Requirement

Q: If students with a parent history of chickenpox are grandfathered in for 09/10 are they also grandfathered in for 2010/2011 ???

A: Yes. Only those students who are new to your school or those students currently without recorded history of the disease or vaccination would need physician documentation of the disease during the 2010-2011 school year. Schools are encouraged to focus on the 2009-2010 school year at this time. The 2010-2011 requirements will be communicated in January 2010. **UPDATED 3-25-09**

Q: Is documentation of varicella disease by a health department acceptable for school entry?

A: Yes. A provider of immunization services may document history of varicella disease since they make the determination of whether or not to administer varicella vaccine based on the patient's vaccination or disease history. Health departments administer vaccines under the authority of standing orders from a physician. **UPDATED 3-25-09**

Q: We have several students that will be in grades 7-9 next year that have parental signatures on file for the varicella disease documentation. We have tried over the years to obtain the disease documentation for all students and have accepted parental verification. Can those students in all grades continue to have parental verification honored?

A: The KDHE Immunization Program has given consideration to all of the feedback given regarding this issue and wants to consider school personnel needs while complying with the regulation change for history of disease documentation. As a result, the guidance is: all students currently enrolled in a school with history of disease that has been documented by a physician or parent will be considered compliant with the varicella school entry requirement. Those students entering grades 7-9 without documentation of varicella immunity will be required to have the vaccine or documentation of history of the disease signed by a physician. All new students enrolling in grades K-9 must also have the vaccine or documentation of history of the disease signed by a physician. Updated 2-16-09

Q: Until the 2009-2010 school year, a parent could sign verifying history of varicella disease. Why is a physician signature now required?

A: K.A.R. 28-1-20 that took effect in June of 2008 now states "...history of the disease that has been documented by a licensed physician...."

http://www.kdheks.gov/immunize/download/KS_Imm_Regs_for_School_and_Childcare.pdf

This requirement is consistent with the 2007 Advisory Committee on Immunization Practices (ACIP) definition for evidence of immunity to varicella. "ACIP recommends that evidence of immunity should be either a diagnosis of varicella by a health-care provider or a health-care provider verification of a history of disease rather than parental or self-reporting."

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5604a1.htm>

Q: In order for a physician to document history of disease, is laboratory confirmation required?

A: No. The 2007 ACIP recommendations describing the alternatives for evidence of immunity is located at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5604a1.htm>

~~*Q: Now that only a physician may sign for history of varicella disease, must all children currently enrolled with the parent signature have a new KCI with the physician signature?*~~

~~A: No. Children currently enrolled will not be impacted by this change unless the Varicella vaccination requirement applies for the first time in the 2009-2010 school year (Kindergarten and Grades 7-9). Physician documentation would also be required for all new students enrolling in any grade who claim history of the disease instead of documentation of vaccination. See *updated response at the beginning of this section.~~

Q: Why are two doses of varicella vaccine necessary at this time? Didn't you require this once before and change your mind?

A: In response to increasing reports of varicella outbreaks among highly vaccinated populations, in 2007 the ACIP adopted new recommendations regarding the use of varicella vaccine. The new recommendations included 1) implementation of a routine 2-dose varicella vaccination program for children, with the first dose administered at age 12-15 months and the second dose at age 4-6 years; 2) a second dose catch-up varicella vaccination for children, adolescents, and adults who previously had received 1 dose; 3) routine vaccination of all healthy persons aged >13 years without evidence of immunity. In 2007, a two dose varicella requirement for the 2007-2008 school year was communicated by the KDHE Immunization Program. However, legal review of the immunization regulations at that time revealed the 2 dose requirement did not have sufficient legal backing. The 2008 change to K.A.R. 28-1-20 now allows KDHE to implement the 2-dose requirement as recommended by the ACIP.

Hepatitis B Requirement

Q: The guidelines state that 3 doses of Hepatitis B are required. A physician states that a student received 2 doses of a vaccine called Recombivax HB is complete for series for Hepatitis B. Is this student considered compliant?

A: This vaccine could create an exception to the 3 dose requirement. If the type and dosage of the vaccine is confirmed to be Recombivax HB, 1.0 mL (10mcg) for each dose, and if the student was 11-15 years of age when the vaccine was given, the Hepatitis B requirement has been met. This is one of the vaccine schedule exceptions that makes hard and fast rules difficult to create and enforce. **UPDATED 3-25-09**

Children Enrolled in a Preschool or Child Care Program Operated by a School

Q: For children, ages 3 and 4 yr, attending a preschool operated by a school, is the 2nd dose of MMR required before entry into that preschool???

A: Preschool children are required to have 1 dose. The second dose requirement applies to kindergarten children. The Immunization Program and Child Care Licensing and Registration Program have developed a combined document that addresses school and childcare requirements that can be found at: http://www.kdheks.gov/immunize/download/School_&_Child_Care_Imm_Requirements_2009-2010.pdf. **UPDATED 3-25-09**

Q: PedvaxHIB is clearly marked and identified as the vaccine that was given. Do these children need 3 doses of Hib to be in compliance?

A: No. This brand of Hib vaccine only requires two doses to complete the primary series of immunization, so a child whose record documents PedvaxHIB as the type that was administered would be considered compliant. Hib and pneumococcal vaccines are unique in that the total doses needed are dependent upon the age of the child when the doses are given. Hib doses may differ depending on the brand of vaccine given. This is another example of the vaccine schedule exceptions that makes hard and fast rules difficult to create and enforce. The Kansas School Nurse Organization has made a useful tool available that can help interpret the number of doses needed for this and other vaccines. It can be found at www.ksno.org. **UPDATED 3-25-09**

Q: Are school age children who attend child care programs before/after school required to have Hepatitis A vaccine?

A: As stated in the school and child care immunization requirements guidelines on the website (http://www.kdheks.gov/immunize/download/School_&_Child_Care_Imm_Requirements_2009-2010.pdf), 2 doses of Hepatitis A are required for those children in child care who are less than 5 years of age. Hepatitis A vaccine is not required for school entry. **UPDATED 3-25-09**

Q: KAR 28-1-20 states "Each susceptible child, including a child under 16 years of age of a child care provider who is enrolled, is placed, or resides in a child care facility, a family day care home, or a preschool or child care program operated by a school, shall be required to receive the following immunizations as medically appropriate:" and the list includes Hepatitis A, Haemophilus influenzae type B, and pneumococcal vaccines. Is the child of a child care provider who is 5 years or older required to have these 3 vaccines?

A: No. Pneumococcal and Hib vaccines cannot be given to children 5 years and older, so this vaccine requirement does not apply to them. At this time, Hepatitis A will not be required for school age children in child care situations. **UPDATED 3-25-09**

Q: K.A.R. 28-1-20 now states that Hepatitis A is required for a child in a child care facility, family day care home, preschool or child care program operated by a school. The new KCI lists Hepatitis A as recommended. Will you clarify?

A: The KCI has been updated to include the *preschool and child care program operated by a school* requirement. The KDHE Child Care Licensing and Registration Program will be sending out communication regarding the new child care immunization requirements in the near future. However, the CCLRP does not license child care programs operated by a school, so the school entry forms and

communication have been updated to address requirements for children in those school facilities. The updated requirements also include Haemophilus influenzae type b (Hib) and pneumococcal disease.

Q: Requirements say a child under 5 needs 3 Hib. If the child who has not had previous doses of Hib starts preschool or childcare operated by a school is older than 2 years, the prescribing info says they only need one dose after 15 months of age. How can we require 3 doses? Same situation with Pneumococcal/PCV7 vaccine.

A: The requirements are based on the number of doses needed if a child has been age appropriately immunized. Exceptions to the doses needed are found in the ACIP recommendations for the Catch-up Schedule at <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#catchup>.

In the above situation, the child would be in compliance with one dose of Hib rather than 3. This is similar to the number of doses of polio or DTaP needed based on the age of the child when the last dose was given. Updated 2-16-09

***Religious Exemption**

Q: On the revised KCI form there is no line for parents to write on if they want their child to have a religious exemption from immunizations.

A: This change to the KCI was made in response to guidance from the KDHE legal department. The bottom of the new KCI, the *Legal Alternatives To Vaccination Requirements* still includes both Medical and Religious exemption. The wording on the KCI has been changed to reflect the language in Statute 72-5209: "Written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations." The parent will write a written statement/letter that is then attached to the KCI. Updated 2-16-09

Vaccine Supplies/Resources

Q: Will there be enough vaccine supply to meet the demands of the new requirements?

A: KDHE does not anticipate vaccine shortages associated with the school entry requirements. The two dose varicella requirement will only affect Kindergarten students for the 2009-2010 school year. Immunization rates for two doses are fairly high for this age group, so the number of doses should not be increased significantly for this age.

The increase in the number of grades (through grade 9) required to have the Hepatitis B series and one dose of Varicella will be three age cohorts, and vaccine supplies for that increase should be adequate as well. Immunization rates for both Hep B and Varicella have increased significantly since the school entry requirement for these vaccines was implemented in 2004. As a result, expansion of the requirement faster than one grade each year is now possible since fewer doses are needed for compliance. Having said that, unexpected problems arise in the production and distribution of vaccine that are completely out of KDHE control. We are currently dealing with a severe problem with Hib vaccine supplies and are anxious for the production issues to be resolved.

Q: There is currently a Hib vaccine shortage and the 4th dose of Hib is deferred for all children. Will children younger than 5 years of age attending a preschool or child care facility operated by a school be required to have the 4th dose of Hib?

A: No. The requirement for the 2009-2010 school year will be for 3 doses for those children.

Q: Who will pay for those families that could have several hundred dollars worth of vaccines needed and don't have insurance to cover them? If they have 2-3 children that need Hep B, Varicella and Tdap it will cost several hundred dollars.

A: Children who are uninsured can be vaccinated in their medical home if their provider is enrolled in the Vaccine For Children (VFC) program. http://www.kdheks.gov/immunize/vfc_program.html Otherwise, they may be immunized at their local health department. Children who are underinsured (have insurance that does not cover immunization) may be immunized in their medical home if their provider is a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) enrolled in the VFC program. Otherwise, they may be immunized at their local health department. There are resources to pay for the vaccine for uninsured and underinsured students.

Miscellaneous

Q: The letter dated February 6, 2009, Re: Immunization Requirements for the 2009 – 2010 School Year- UPDATE matches the language on the back page of the KCI, “All students will be required to have 3 doses of Hep B and 2 doses of Varicella for the 2010-2011 school year.” The form titled School Immunization Requirements for the 2009 – 2010 school year February 2009 does not include the same language and does match the KCI Rev. 02/06/2009.

A: Schools are encouraged to focus on the 2009-2010 requirements at this time. The requirements for the 2010-2011 school year will be communicated at the beginning of 2010. It is not a problem to communicate that two doses of varicella are required if the school has chosen to include 2010-2011 information in communication to parents. Two doses of varicella have been recommended for 3 years and having parents access the immunizations now is not inappropriate. The federal and state budget will determine the available funds for vaccine purchase. Next fall will give a better picture of vaccine resources and a final determination of the requirements for the 2010-2011 school year will be made and published shortly after the first of the year in 2010. **UPDATED 3-25-09**

Q: Must the KCI and documentation of history of varicella disease be signed by a physician, or can the physician’s nurse sign the form?

A: The physician’s authorized representative may sign the form. **Updated 2-16-09**

Q: Is this set in stone or will we get a letter this summer negating the changes as we have in the past?

A: Your question is valid based on past experience. The current KDHE Immunization Program staff is committed to quality communication and reliable guidance. We have learned from previous experience and want to earn your respect. We are confident that the requirements for the 2009-2010 school year are covered by the revised K.A.R. 28-1-20 and State statutes pertaining to immunizations. We may provide clarification through this type of communication but will not change the basic content of the new requirements.

Please email additional questions to ehutton@kdheks.gov